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THE POLICY OR IMPOLICY OF REMOVING LEUCOCYTHÆMIC, GLANDULAR TUMORS.

[Read to the Massachusetts Medical Society, at the Annual Meeting held in Boston in May, 1866, and communicated for the Boston Medical and Surgical Journal.]

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To approximate a decision as to the propriety or impropriety of removing leucocythæmic tumors, we must seek for data in the etiology of a disease whose pathology is, as yet, uncertain; and of which, clinically, there is little, and surgically nothing, known.

Within a few weeks of each other Bennett* and Virchow† announced to the world, in 1845, the discovery of a new blood-disease, which the former called leucocythæmia, the latter leukæmia and leucocytosis. Their views as to its pathology were almost identical; but as to its causation, somewhat different.

Leucocythæmia, or white-cell blood, may be defined to be an excess of white corpuscles over the red, in the blood. Or, that a change in their relative proportion, which is normal in certain stages of digestion, becomes a constant morbid state. For whereas in health we may see half a dozen white corpuscles in the field of the microscope, in this disease we may see fifty; and the proportion of white to red becomes changed from one in many hundreds to one in one or two hundred, or even more. Coincident with these changes in the blood-corpuscles, and, as our authors think, causative of them, there are enlargement of the spleen and of the lymphatic glands; which, acting and reacting on each other, lead to so permanent an impoverishment of the blood, as to give rise to positive disease—to dropsies, hæmorrhages, and death.‡

It seems to be pretty well proved by observation, that the spleen exercises some important action on the blood. Gray, in his monograph,[*] speaks of it in two different capacities: first, as a reservoir which can dilate and accommodate an excess of blood; second, as changing the quality of the blood going through it. In the blood of the splenic veins and its lymphatic vessels the white corpuscles are found very abundant; thus for the same number of red globules, there were over thirty times as many white ones in the blood which left the spleen, as in that which arrived at it.

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* Bennett's Clinical Medicine.

† Virchow's Cellular Pathology.

‡ All of the so-called ductless glands are classed by some as blood-making, or blood-restoring organs, and included in these morbid changes. They are, preëminently, the spleen, thymus, thyroid and lymphatic glands; and, perhaps, the supra-renal capsules, pineal and pituitary bodies. The liver, also, has been added by some physiologists.

It is to this action of the spleen—exaggerated by its morbid enlargement—“numerical hypertrophy,’ as Virchow calls it, or a repetition and multiplication of its own elements, as we may translate the term, that the production of an excess of white corpuscles is mainly due.

This view of the white-cell-producing function of the spleen is sustained by the ascertained enlargement of this organ during digestion, when new cells are being added to the blood.

It is the opinion of Bennett that the chyle corpuscle is changed into the white corpuscle of the blood by a change in its investing membrane, which frees the nucleus; and that this change is effected in the spleen and lymphatic glands. In leucocythæmia, this change is not properly carried out; and we have a persistence of the cell membrane, even after entering the systemic circulation, or an excessive growth of imperfectly developed blood-cells.

Besides these two causes of leucocythæmia—the excessive production of white corpuscles by the morbid spleen, and the arrest of their transformation into red corpuscles—we have another source of vitiation in the blood in the lymphatic glands, which, when irritated and enlarged, throw large quantities of white cells into the circulating current by a desquamation of their own cells, just as the uriniferous tubes of the kidney desquamate their cells in albuminuria.

This enlargement of the lymphatic glands may exist apart from, and without, morbid enlargement of the spleen. Like the latter, the glandular hypertrophy is here also numerical, or a multiplication of the same elements. This is proved by a microscopic examination of the glandular tumors which have been removed, which shows them to be entirely made up of an increase of cells and connective tissue, identical with the glands.[†]

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[*] On the Spleen, by Henry Gray.

[†] There is no essential difference in the views of Bennett and Virchow as to the origin and nature of leucocythæmia. Both believe that numerical hypertrophy of the spleen—or a multiplication of its cellular elements—is the principal cause of the increased number of white corpuscles. Both agree, also, that the same kind of hypertrophy of the lymphatic glands is also a cause of a leukæmic condition of the blood.

Bennett makes no distinction between the different varieties of leucocythæmia, but considers them all essentially the same. Virchow divides the disease into two kinds, the splenic and the lymphatic, according to the organs affected. To quote his own words (“Cellular Pathology,” p. 204):—“I have therefore distinguished two forms of leukæmia, namely, the *ordinary splenic* and the *lymphatic form*, which are certainly not unfrequently combined. The distinction rests not only upon the circumstance, that in the one case the spleen, in the other the lymphatic glands, constitute the starting point of the disease, but also upon the fact that the characteristic morphological elements which are found in the blood are not precisely similar. Whilst in the splenic form these elements are comparatively large and

Having, then, two causes of leucocythæmia—hypertrophy of the spleen and hypertrophy of the lymphatic glands, which, according to Virchow, do not always coëxist—by remedying either one of these can we affect the diathesis? If chalybeates and a general tonic course exhaust the resources of medicine in this disease, can surgery do anything? If it can, it is obvious that the glands alone can be attacked, as the spleen is inaccessible; and, as it happens that the glands of the neck are the most prone to enlarge into coherent, clustering tumors in leucocythæmia, they offer themselves especially to the surgeon for removal.

It was in answer to the above questions that the expediency of an operation offered itself to my own mind, as it probably has to other surgeons.

Case I.—[Treated at the Central Office of the Boston Dispensary. March, 1863. Service of Dr. Cheever.]

John S., eight years of age; a slight, puny lad, with an anæmic look. One year since, an enlargement of the cervical lymphatics began on the left side of the neck. The blood now contains from ten to fifty times as many white corpuscles as are found in health. There is no pain, but the tumor has doubled in size within the last two months. It now begins to occasion headache and dyspnœa, from pressure on the veins and trachea. The tumor is about as large as two closed fists. It shows no signs of softening. It is lobulated, and extends from near the middle line of the neck in front back upon the trapezius, and from the lobe of the ear down to and beneath the clavicle.

March 31st.—The operation was begun by carrying an incision from just below the ear to the cricoid cartilage, disclosing a hard, glandular mass lying behind and beneath the sterno-mastoid muscle. It was very adherent, and had to be slowly dissected out, yielding to the edge of the knife only. It was found necessary to divide the sterno-mastoid, and dissect aside the external jugular. The lower edge of the tumor extended into and below the subclavian triangle, and its base rested on the carotid sheath.

Under the microscope, the tumor presented the exact cellular structure which is figured in "Virchow's Pathology" (page 208, American Edition) as typical of lymphatic glands. No other cellular elements were discovered in it, except connective tissue.

The child's health improved very materially after the operation. The blood showed fewer white corpuscles, although they were not reduced to the normal standard. Eight months after removal the tumor began to return, near the clavicle of the same side, but below its original site. Two years after the operation it had attained a

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perfectly developed cells, with one or more nuclei, and in many cases bear a great resemblance to the cells of the spleen; we notice in the lymphatic forms that the cells are small, the nuclei large in proportion and single, sharply defined and granular, while the cell-wall is in close apposition to them, so that it looks, in many instances, as if perfectly free nuclei were contained in the blood."

size two thirds as great as at first; and a new glandular mass had begun on the other side. The glands in both axillæ were also much enlarged. The child's health was rapidly failing, and the prognosis not difficult.

Case II.—[From the Records of the City Hospital. Service of Dr. Cheever.]

Conrad M., aged 15, has enlarged lymphatic glands of neck, of five months' duration. An irregular, lobulated, oval tumor, four inches by three, occupies the left side of the neck, chiefly in the great posterior triangle, from behind the ear nearly to the clavicle. A smaller tumor occupies the remaining space just above the clavicle. Tumor increasing rapidly. No softening, redness or pain. No enlargement of spleen to be discovered. Patient is pale, but otherwise pretty healthy. The blood showed a large excess of white corpuscles.

May 10th, 1865.—An incision four inches long over the middle of the sterno-mastoid exposed the larger tumor, which was found very adherent to the neighboring parts. It was dissected out cleanly, laying bare on its deep surface the sheath of the carotid. Some half dozen single and enlarged glands were then enucleated; and, finally, the lower tumor, in the subclavian triangle, was removed.

Under the microscope, the tumor was found to be identical in character with the one first described, being made up wholly of glandular and connective tissue.

Ten months after the operation this patient was examined, and there was no recurrence of the tumor. The blood, under the microscope, was normal, no more than two or three white corpuscles being seen in the field. He had grown much, and was more vigorous and of a healthier color. It remains to be proved whether time will assure a permanent cure.

Case III.—[From the Records of the City Hospital. Service of Dr. Coolidge.]

James L., aged 19, has had an enlargement of the cervical lymphatics on the left side for two years. A large, oblong cluster of hardened glands extends down the posterior edge of the sterno-mastoid. Glands enlarging above clavicle. One on the other side, which has long remained stationary. None in axilla. No inflammatory appearance. A microscopic view of the blood gives a large excess of white corpuscles, fifty being in the field at once.

Dec. 21st, 1864.—The tumor was removed by Dr. Coolidge, by a long incision parallel to the sterno-mastoid muscle. The chain of glands was followed down on the carotid sheath, seemingly *ad infinitum*. The dissection bared the *scalenus anticus*.

March 16th, he was discharged, with his appearance much improved. Unfortunately, the character of the tumor under the microscope is not recorded, and we have no subsequent history of the case, whether recurrent or not.

We have also an abstract of three cases operated on, within the past few years, in the Massachusetts General Hospital. Of these, one recurred in the neck and axilla. One terminated in death, after a few weeks, by pneumonia. The third died a few days after the removal of a glandular tumor of the neck. At the autopsy, the anterior mediastinum was found filled with a similar mass, pressing on the vessels and bronchi; and which, it seems probable to conclude, was an enlargement of the thymus gland, corresponding to that of the proper lymphatics.*

This is neither a very flattering nor a very long exhibit of cases. But it must be remembered that very few of such tumors seem to have been removed elsewhere than here; or, if they have been, we can find no record of them in current medical literature.†

In endeavoring to sum up the evidence in favor of the operability of these morbid growths, we would cite first the opinion of Virchow, that leucocythæmia is of two kinds, splenic and lymphatic, which *may not coëxist.* Thus in our own cases (numbers two and three) there was a large excess of white corpuscles in the blood, a very considerable glandular tumor, a spanæmic aspect, but no enlargement of the spleen which could be detected by physical signs. It is true, however, that a moderate enlargement of it might be concealed in the left hypochondrium, and not discovered by percussion. But if the lymphatic tumor was in these cases the sole focus of morbid action, the nidus where was prepared and thrown into the circulation the excess of white cells, by removing this we might hope to cure the disease. If other glands, more or less distant, are affected by the same latent tendency, or if the morbid blood itself react upon them unfavorably, we cannot cherish a reasonable hope of eradicating the diathesis, even though the spleen be healthy.

But, admitting all this to be true, we may fairly use the argument that in all our cases manifest amelioration of symptoms and delay in the progress of the disease were evident after operation; nor was there an exacerbation of the disease in other glands or distant organs, as we see in tubercle and cancer.‡

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* Vide Massachusetts General Hospital Records.

† It may not be improper to cite here the verdict of other surgeons on such operations. It relates, however, to the removal of enlarged glands of a scrofulous nature only, no mention being made of the leucocythæmic variety.

Erichsen says:—"Extirpation of enlarged lymphatic glands is seldom necessary; and, if undertaken, may lead to more extensive dissection than might, at first, appear requisite, a chain of diseased glands often extending a considerable distance—after one has been removed others coming in sight. As a general rule, these operations should not be undertaken; cases, however, occasionally occur in which such a procedure may be deemed advisable."

In *Holmes's System of Surgery*, it is written:—

"The excision of glands is now rarely practised. Occasionally a tumor is removed from the axilla or neck, which has been of long duration and inconvenient. The large tuberous clusters of absorbent glands in the necks of scrofulous subjects seemed to invite an operation; but, when once undertaken, it was found to be of a formidable character, gland after gland presenting itself for extirpation as the more superficial were removed; and the operation was, consequently, often abandoned before it was completed, and rarely had any issue but that of early death by the development of phthisis in the lungs."

‡ In Case I., every symptom improved for eight months; the white corpuscles diminished in the blood, no other glands enlarged, and the child grew stronger and healthier. In Case II., at the end of nine months there is no recurrence of the disease, and the physical appearance is extremely improved. In Case III., the patient appeared much better when he left the Hospital than when he entered it.

Next, we may justly consider these tumors operable also when they cause pain, pressure and danger to respiration, as they did in the first case reported; and when they increase very rapidly, as they do after attaining a certain size. Finally, they do not infiltrate like cancer, and although they may be numerous, yet if operated on early enough, all the really enlarged glands can be enucleated and removed.

On the other hand, the difficulties and dangers of the operation are very considerable. Probably no tumors in the region of the neck are harder to remove than these, excepting those involving the parotid gland. The whole mass of glands is very adherent to the surrounding parts, having incorporated into itself the superficial and the deep cervical fasciæ. It will nowhere yield except to the edge of the knife, and on its under side the dissection is both difficult and dangerous. The extent of the diseased parts is always deceptive. Feeling through the skin like a movable mass above the sterno-mastoid, when cut down on it is found to extend deeply beneath it. This arises from the superficial and deep chains of cervical lymphatics being so closely connected. The superficial glands are placed between the platysma and sterno-mastoid muscles, and are most numerous in the subclavian triangle. The deep glands are also numerous, and so closely united that the older anatomists called them *glandulæ concatenatæ;* they are situated along the sheath of the carotid artery. Both these chains are almost invariably affected.*

If a case of glandular tumor of the neck present itself desiring an operation, four points should, it seems to us, be considered:—

First, the diagnosis. This is to be differentiated by examining the patient generally—the spleen, the blood and the tumor.

The leucocythæmic patient is generally a child or a youth; and his aspect is usually more pallid than that of ordinary anæmia. His chest should be examined for the presence of tubercle; and when we have satisfied ourselves that the spleen is not notably enlarged, we should continue our investigations to the mesenteric glands and the liver.

Next, the blood must be examined on several occasions, at intervals remote from the ingestion of food, for an excess of white corpuscles. If found, we should endeavor to distinguish them into the kinds thrown off by the spleen and by the lymphatic glands, following the directions which Virchow has laid down.

Finally, we must decide whether the tumor itself be a mass of scrofulous or of leucocythæmic glands; and the following differences may aid us here.

Scrofulous or tubercular glands are separate, fewer, unattached to each other, prone to inflame and suppurate, varying in size from week to week, apt to disappear and recur elsewhere.

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* The efferent lymphatic trunks of all these glands open directly into the thoracic duct on the left, and the right lymphatic duct on the right side. Regarding the lymphatic glands as a sort of filterers of the lymph which is brought to them and emptied into the stroma of their loose tissue, we see how promptly any excess of white cells, which they may evolve, will be poured into the circulation.

Leucocythæmic glands are clustered, numerous, strongly attached to each other, forming a lobulated tumor, not prone to inflame and suppurate, and they steadily enlarge.

The *second* point is as to the best time to operate. And it will be obvious enough that the earlier the better; both because the adhesions will be increasing and becoming firmer, and because the tumor grows rapidly at last.

The *third* point involves the question as to how apt the tumor will be to recur. And here we must admit that we have not as yet data enough to decide accurately. Comparing it with other recurrent growths, it might be fair to say, in the present state of our knowledge, that it stands somewhere between epithelial and true cancer: occupying a position, perhaps, beside fibro-plastic, or simple recurrent tumors, which *may* not return, but which *often do.*

But, in the *fourth* place, we have a right to consider that we do not remove a leucocythæmic tumor for itself alone, but for the influence its removal may exert on the patient's whole system. In this it differs essentially from operations for cancer. If it be justifiable to remove cancer as a mere palliative operation, to delay a fatal issue, although we look for nothing else than a recurrence of the disease, sooner or later; *à fortiori* is it justifiable to remove a leucocythæmic, glandular tumor, since we have reason to believe that it may not only postpone death, but favorably influence the leukæmic diathesis, by removing a *nidus* of the disease.[*]

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[*] No ultimate conclusion can be reached yet. Neither time enough has elapsed, nor have cases enough been observed and recorded to warrant a positive opinion, either as to the pathology of leucocythæmia, or the prognosis after such operations. Every year and every case observed, will, however, help us to a definite decision.

In concluding, we cannot refrain from observing how much certain ill understood morbid states of the blood seemingly run together.

Anæmia, or spanæmia, being a diminution of red corpuscles.

Leukæmia, an excessive production of white ones. The two conditions combined, existing in certain cachexies, as in constitutional syphilis.

Pyæmia, a somewhat analogous morbid change of the blood, as yet far from explained, and one which, although generally an acute disease, may be a chronic, wasting malady, as recently shown by Mr. Paget.—(Bartholomew's Hospital Reports, vol. i., 1865.)

Finally, the analogy between enlargement of the spleen in intermittent fever, of the lymphatics in leucocythæmia, and of the thyroid gland in bronchocele, seem to point to some connection of morbid states of all these glands, whose office is concerned with the repair or change of the blood.

We cannot help alluding, also, to the new impulse to these investigations which has been recently given here by the patient labors and the monograph of a member of this Society—"Boylston Prize Essay on Leucocythæmia, by H. F. Damon, M.D., M.M.S.S., Boston, 1863."

Since writing the above, four cases of enlargement of the cervical glands have come under my observation, in all of whom the blood has been examined, with the following results:—

Case I.—A female of 30 years. Glands removed by operation, some time since, on left side of neck. Now, three or four large masses on right side. No suppuration now, nor at any time previous. Blood normal under microscope. No operation advised.

Case II.—A female, about 25 years. Three large solitary glands on right side of neck. Many smaller ones in vicinity, indurated. No suppuration. Glands have been growing a long while. Aspect anæmic; health feeble. No change in amount of white corpuscles. No operation advised.

Case III.—A boy of 15 years. Large mass of conglomerated glands on left side of neck;

Bibliographical Notices.

A Handy-book of Ophthalmic Surgery for the use of Practitioners. By JOHN Z. LAURENCE, F.R.C.S., M.B. (Univ. Lond.), Surgeon to the Ophthalmic Hospital, Southwark, Editor of the Ophthalmic Review, &c.; and ROBERT C. MOON, House-Surgeon to the Ophthalmic Hospital, Southwark. With numerous Illustrations. London: Robert Hardwicke, 192 Piccadilly. 1866.

THIS is an octavo of 160 pages. The authors have attempted, according to their preface, "to bring the principles and practice of modern ophthalmic surgery within a small compass, to supply the wants of the busy practitioner," &c. The book gives, in a brief and unpretending style, what the authors probably conceive to be the main features of modern ophthalmic practice. The reader familiar with the subject will perhaps miss some matters which he deems important, and as regards others may find opinions different from his own. Some of the topics may seem too meagrely treated. Yet there is very much valuable matter compressed into the book, and its careful perusal will abundantly repay not only one who wishes to get a quick survey of the present state of ophthalmology, but also the practitioner to whom it is important to compare others' opinions with his own. Books like the one before us, bringing to our notice the principal features of a subject, unencumbered with the less important details, have a certain value, but do not supply the place of complete, thorough and systematic treatises, to which latter recourse must also be had for a part of proper professional education.

While acknowledging the value of the book under notice and confessing to have read it with pleasure and profit, amid its rather remarkable general correctness, there is one inaccuracy, the importance of which must be our excuse for mentioning it. On page 146, in explaining the diagram from Giraud-Teulon, it is stated that the crossed diplopia, consequent upon looking through convex glasses at a point A nearer than the near point of the unaided eyes, is "overcome by the eyeballs converging to A," whereas, according to the distinguished author, p. 397 of the Binocular Vision,* this diplopia exists "pendant que la convergence réelle demeure fixée en A," so that when he says, page 399, "pour les (the double images) fusionner, les yeux ont donc exécuté un mouvement de convergence mutuelle," he must mean convergence to point nearer than the point A. That he does mean so is

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have been enlarging many months. No appearance of suppuration. Excess of white corpuscles. The operation disclosed deep-seated *pus*.

CASE IV.—A man of 22 years. Very large suppurating sac on both sides of neck, surrounded by enlarged glands. Treated by puncture with trocar, injection of iodine, and eventually with seton. Iron internally. Glands gradually enlarging into tuberous clusters. Large excess of white corpuscles in blood. No operation advised at present.

The peculiarity of these cases seems to be the absence of leucocythæmic blood in the non-suppurating, and its abundant presence in the suppurating ones—or those commonly called scrofulous. These results of microscopic examination differ from those previously recorded.

To whatever theory thorough experiment may ultimately lend its sanction, enough has, perhaps, been said to indicate the importance of much fuller investigation. And if this paper shall lead any to continue research in this hitherto untrodden field, the aim of the writer will have been attained.

* Physiologie et Pathologie Fonctionelle de la Vision Binoculaire. Paris, 1861.

evident from page 434, where, referring to circumstances essentially the same, he expressly says, "Les yeux du sujet pointés primitivement en A, *exécutent un mouvement de convergence, leurs axes venant se crosier plus près que A.*" The Italics are in the original.

In conclusion, we recommend the book to all interested in the subject, not doubting it will contribute to the diffusion of knowledge on an important branch of the art of healing. H.

Asiatic Cholera: its Origin and Spread in Asia, Africa and Europe, Introduction into America through Canada; remote and proximate Causes, Symptoms and Pathology, and the various modes of Treatment analyzed. By R. Nelson, M.D. New York: William A. Townsend, Publisher, 434 Broome Street. 1866. Pp. 206.

The author of this little volume was Health Commissioner during the first two invasions of cholera in 1832 and 1834, and President of the Medical Board for the district of Montreal, and had extensive opportunity of studying the disease during those frightful epidemics, the former of which carried off one eighth of the entire population of that city. He is a thorough contagionist, and bases his belief upon the history of its journey over the globe, which he describes in an exact and interesting manner, and upon personal observation. The facts connected with its spread in Canada, as he narrates them, will leave little doubt in the reader's mind that it may be or has been communicated directly from person to person, and that it always travels through the agency of man. The writer insists upon the impropriety of calling cholera a disease, and regards it simply as a poison introduced into the system, and producing its specific effects precisely as arsenic or prussic acid, uninfluenced in its course and attack by such remote causes as temperature, geological formation, moisture, elevation, fear or intemperance. He describes in detail the symptoms and pathology of the malady, and arrives at the conclusion that it is a molecular and colliquative change in the tissues of the body, induced by the catalytic influence of the cholera poison. The chapter on treatment disposes in a very summary and amusing manner of the long catalogue of remedies which have been used from time to time, and settles upon opium as the only valuable means in our knowledge. The book, in spite of its peculiarities of style, is a valuable addition to the literature of cholera.

Proceedings of the American Pharmaceutical Association at the Thirteenth Annual Meeting, held in Boston, September, 1865. *Also the Constitution and Roll of Members.* Philadelphia: Merrihew & Son, Printers. 1865.

The present number contains, as usual, a great variety of interesting and valuable matter. The minutes of the meeting, an abstract of which was published at the time in the Journal, are given in a phonographic report, and will be found to embrace subjects of importance to our profession. A carefully prepared report on the progress of pharmacy and chemistry, and several papers on matters connected with pharmacy and medicine, are appended, among which one on the active principle of Rhus toxicodendron, by John M. Maisch, of Philadelphia, is particularly deserving of notice. He has demonstrated that the poisonous properties of this plant are due to the presence of an acid and not to any volatile alkaloid, as has been supposed. He proposes for this the name of toxicodendric acid. There is also a valuable paper on the economical use of alcohol in the preparation of extracts, by Dr. Squibb.

Biographical Sketches of Distinguished Living New York Surgeons. By Samuel W. Francis, A.M., M.D. New York: published by John Bradburn. 1866.

These sketches were first published in the *Philadelphia Medical and Surgical Reporter.* They are brief, highly eulogistic, and impress the reader with the great number of distinguished surgeons in New York. The gentlemen, whose names, merits and operations are thus presented to public view are Drs. Mott, sen., Van Buren, Post, Hamilton, Carnochan, Wood, Sayre, Mott, jun., Batchelder, Stevens, Parker, Buck, Swinburne, Thebaud, Smith and Hosack. This does not exhaust the catalogue of celebrated names, however, for the author regrets that he has been obliged to leave out some prominent surgeons because " they positively refused to assist him in any form or shape." The style in which the book is written is as follows :—" Death alone promised a respite from the full-sized tortures chronically borne. Dr. —— thought and acted. He cut down and removed the entire trunk of the second branch of the fifth pair of cranial nerves, making slow and sure-footed progress from the infra-orbital foramen to the foramen rotundum at the very base of the skull. I may venture to say that this has never been done by any other man, and many years will elapse ere another surgeon, though surcharged with an apoplexy of anatomical theories, will dare to leave the practical details of an earthly sphere and enter willingly the tufted chambers of the human mind. Many 'cutters' go through life without ever having seen the majestic and sanguinary hip-joint operation, but Dr. —— himself has performed it five times." Such writing as this certainly deserves to be perpetuated on better paper than that on which the book is printed!

Clinical Lectures by Professor A. von Graefe on Amblyopia and Amaurosis, and the Extraction of Cataract. Translated from the German by Hasket Derby, M.D. Boston: David Clapp & Son. 1866.

These lectures, which were translated for the Journal by Dr. Derby, of this city, have been re-published from our pages in pamphlet form, and make a very valuable addition to the literature of ophthalmic science in our language.

Professor Procter, the Editor of the *American Journal of Pharmacy,* has resigned the chair of Theory and Practice of Pharmacy, which he has filled for twenty years at the Philadelphia College of Pharmacy. The students have presented to him a splendid tea-service as a testimonial of their appreciation of his long services and eminent acquirements.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

MAY 28th.—*Malformed Fœtus, with numerous Fractures of the Bones.*—Dr. WYMAN showed the specimen, and described it as follows:

"For the fœtus here described I am indebted to Dr. Anson P. Hooker, of East Cambridge, who placed it in my hands for dissection. It was supposed to be of the full term, measured twelve inches in length, and weighed four pounds and three ounces. The legs measured only four inches, were much bent, and the soles of the feet were turned upwards and inwards. The nails of the fingers were narrow and arched, as in the monkey's, but those of the toes were normal.

"The head was flaccid and fluctuating, but was found to contain brain only. Nothing abnormal was found in the viscera or other soft parts. The cranial bones are exceedingly brittle, and were broken in several places during birth; they are widely separated from each other, and the space between the parietals and occiput is filled with numerous more or less reticulated centres of ossification. The long bones of every portion of the body have been fractured, some of them several times, and apparently at different periods, as they were in different stages of repair. The following is a list of the fractures observed:—

	Right.	Left.		Right.	Left.
Clavicle, .	2	3	Legs,	1	1
Humerus, . . .	2	1	Ribs, ...	34	33
Forearm, . . .	3	4		—	—
Femur, ...	4	2	Total, . . .	46	44

In all, 90 fractures.

"It will be seen from the above list that the aggregates of fractures very nearly correspond on the two sides of the body. The fractures are in all cases in a direction at right angles to the axis of the bone, and where several of them occur they give the bone a jointed appearance not unlike that of bamboo.

"Sandifort, in his admirable work, *Museum Anatomicum*, vol. iv., tab. xlvi., fig. 1, and tab. lxv., figs. 2 and 3, has figured and described a similar specimen, and Vrolik has reproduced one of the figures in his *Embryogenesia Hominis et Mammalium*, tab. xci."

MAY 28th.—*Scirrhus of the Pylorus.*—Dr. MORLAND reported the case.

The patient, Mrs. A., aged 49 years, a widow, entered the City Hospital under his care, April 27th, 1866. She was a sempstress, a native of Massachusetts, and a resident of Boston. She belonged to a very healthy family; no hereditary tendencies to disease were discoverable. She has never had very good health herself, however, although she once weighed 225 pounds. Has had typhoid, brain and lung fever, according to her own statement, and has been subject to slight and short febrile attacks. By her own account, she had had three apoplectic seizures, seven years ago, and has since been very subject to headache. No paralysis remains. Has had no children nor miscarriages. Catamenia ceased at 35.

For two years past, she has suffered from persistent vomiting, with pain and distress in the region of the stomach. About the first of last January, after exposure to cold and wet, diarrhœa set in, and has continued, with occasional exacerbations and remissions, until her entrance at the Hospital, and was then one of the most troublesome features of her case. Has often had seven evacuations daily. Has had much pain, and a sensation of throbbing, in the abdomen; also palpitation of the heart. Fæcal matters dark-colored and watery. Appetite good, but patient always vomits after eating, and has lost a good deal of flesh. When diarrhœa first came on, the urine was high-colored and turbid, but at the date of entry into the Hospital it was normal. For a fortnight previous to her admission she was confined to her bed, being too weak to sit up.

On April 27th, she was in bed; skin very yellow over whole of body, the citrine hue being most marked about the face, neck and chest. Tongue flabby, cracked and fissured; tenderness on palpation over the epigastric and hepatic regions; headache; extreme thirst. The feet were somewhat œdematous. Pulse 88, small in volume.

With the view of controlling the diarrhœa, subnitrate of bismuth, combined with powdered gum Arabic—five grains of each—was administered at first, thrice daily. Elixir of opium was also given—April 29th—twenty-five drops at first, and ten drops, subsequently, after every other discharge, until some effect was noted. Gum-water for drink. Hot water, simply, on spongio-piline, as a fomentation to abdomen. On May 2d, opiated fomentations over the same region. Two ounces of brandy, in water, daily. May 3d, the report from the Hospital record-book reads: "℞. Tincturæ ferri chloridi, guttas, vi., ter in die sumend: diarrhœa controlled." On the 5th, the tongue had assumed a better aspect, and "constipation" is reported. Wine-whey was substituted for the brandy, but, on the 6th, the vomiting seeming to be aggravated by it, the brandy and water was resumed. There was less abdominal tenderness. Warm-water enema ordered.

May 10th.—Great distress from vomiting. Ejected matters are of a dark color and deposit a black sediment, but have not a purely "coffee-grounds" character. Bismuth stopped.

May 14th.—Great pain over region of stomach. Hypodermic use of morphia in vicinity of pain.

May 17th.—Suffers extreme pain, and is very weak. Eats nothing. Has been gradually growing deaf, and is now nearly totally so. Beef-tea enemata to be given. Morphia to be repeated, hypodermically.

May 19th.—Vomiting, to the amount of four pints; patient refuses food, and is very much exhausted; suffering, also, from thirst. Creasote, in sherry wine, was administered—one drop in two drachms, thrice daily. Ice to be taken instead of water. Chloroform, on spongio-piline, to epigastrium. Hypodermic injection of morphia.

May 21st.—Died this morning.

From the first, malignant disease of some organ had been diagnosticated, and very soon decided to be seated in the stomach, although, from some enlargement of the liver—as indicated by palpation—it was supposed that viscus might also be implicated. The *post-mortem* examination was made by Dr. Swan, and his account is appended. Dr. S. also showed the specimen to the Society.

Autopsy, May 21st, 1866.

Thoracic organs healthy.

Abdomen.—The round ligament of the liver was short, thick and flattened, and contained much fat mixed with tough connective tissue. It lay directly along the median line and adhered, anteriorly, its whole length, by fibrous development, to the abdominal wall; behind, in like manner, it was fused to the liver and omentum. The great omentum also presented a firm, thickened, semicircular, apron-like mass of fat and fibre, with a comparatively thinned free margin.

Such was the consolidation of parts in the epigastric region that, almost of necessity, the stomach was removed with a portion of the liver, omentum and transverse colon. The walls of the stomach were gradually thickened and stiffened towards the pyloric end, principally in the muscular coat, and at the site of the pyloric valve presented, as seen from below, a regularly cylindrical, abruptly rounded extremity an inch in diameter, with a granular, cauliflower surface and small pervious central opening—all which, with the healthy duodenum, which here began outside this growth, strongly resembled a cervix uteri and its neighboring vagina.

Within the lower half of the stomach was a very large, offensive, sloughy ulcer, with raised edges, which were in parts thin and recurved, in parts nodulated; very irregular in outline and depth. Its surface was of a mixed ashy gray and blackish olive color, and when immersed in water presented many loose, semi-detached shreds of dead tissue. At the deepest portions of the ulceration the coats of the stomach had been completely perforated, so that the bare parenchyma of the liver, which in the immediate vicinity was softened and superficially discolored, formed the limit of the cavity, while extensive abnormal but provisional adhesions round about prevented any escape of material into the peritoneal sac.

The mucous coat was generally healthy; but there was a red dotting in the region of the ulcer, which seemed to show a certain amount of irritation. A little dirty fluid was found in the cavity of the stomach. It did not resemble blood.

The peritoneal lining of the abdominal wall was whiter and more opaque than usual. The uterus and appendages were so bound down to the neighboring parts as to be difficult of removal. No nodular growths were found in the vicinity.

The right kidney was one third the normal size; the left of natural size, but remarkably pale. The capsule of the latter was slightly adherent, and the tubuli, though of normal size and outline, and having free canals, contained finely granular epithelium whose nuclei were generally invisible, except with the aid of acetic acid. There was no tendency to desquamation. The atrophied kidney was not examined microscopically. Its color was normal.

May 28th.—*Encephaloid Disease of the Stomach and Liver.*—Dr. C. W. Swan showed the specimens and gave the following account of the case, communicated to him by Dr. Hobbs, of this city, in whose practice it occurred.

J. M., æt. 62, tobacconist. Never enjoyed good health. When young, bled at the lungs. Never was a good eater, having always dyspeptic troubles and constipation. Never had hæmatemesis. Slept poorly. His mother died of consumption.

In March, 1865, he fell upon his back, and was brought home insensible. From that time he dated a shortness of breath, which troubled him always afterwards, and an intense burning pain at the cardiac end of the stomach, or in that vicinity, extending towards the epigastrium. In January, 1866, he had another fall, striking at the epigastric region across a board. This was followed by severe pain, together with hard swelling at the left of the epigastric region, both which, to a greater or less degree, persisted. He was confined to the house during nine weeks before death, and at the end of the eighth week the swelling in the left side was punctured, and a large quantity of pus, or something like it, discharged. Palpation from the time he was first seen by Dr. Hobbs, some time since his injuries, always revealed hard masses in the region of the stomach and liver. Died May 27th.

At the autopsy, a fungous encephaloid growth, three inches in diameter, was found nearly midway on or near the lesser curvature of the stomach, while the liver was occupied and distorted by three or four very large spherical masses of encephaloid disease, most of which was in a state of fatty degeneration, and having in the rough a whitish granular appearance. One of the largest of these tumors was completely buried from view in the right lobe. The swelling which was incised as an abscess was found to consist in a degenerated encephaloid mass of the left lobe.

Head not examined. No other cancerous or other disease found. Lungs were pale, collapsed and empty; free from tuberculous disease.

Dr. Jackson directed the attention of members to the situation of the disease in this case, which, as generally with encephaloid disease of the stomach, was at some distance from its orifices. This would account for the fact that the symptoms attendant upon this affection of the stomach are not so severe as in scirrhus of that organ, which is usually seated very near one of its outlets.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, AUGUST 2, 1866.

INSPECTION OF BRIGHTON SLAUGHTER HOUSES.

Fortunate, indeed, are the inhabitants of Boston, that to the other great public nuisances which produce so much sickness and which threaten so much more during this and the next month, we have not added the great public nuisance of slaughter houses within the city bounds. Fortunate, indeed, are we at the present time, with a Board of Health which is too apt to overlook the most dangerous sources of sickness, while it exercises its power in a very moderate way over minor evils. We have seen what difficulties the powerful Board in New York has to encounter in suppressing the slaughter houses of the metropolis, and small indeed would have been the chance of any such reformation here had circumstances required it.

The thriving town of Brighton, as most of our readers know, is the seat of the principal *abattoirs* which supply our market with butchers' meat, and the most unwholesome and overpowering odors for which it is famous are thus happily at least seven miles away. Still, the whole process of conducting these establishments is matter of primary interest to all the residents of Boston. We want to know what sort of cattle are killed there; how the meat obtained from them is cared for, and whether there are any circumstances connected with the various processes there carried on likely, directly or indirectly, to be prejudicial to the public health. The pamphlet before us, therefore, which contains the results of a hygienic inspection of the Brighton slaughter houses by Dr. Henry G. Clark, of this city, made at the request of the Board of Health of that town, contains much matter of general interest to Boston.

The pamphlet begins with a sober and manly appeal on the part of the Board of Health to the citizens of Brighton, to do all in their power to coöperate with them in the measures necessary to secure perfect cleanliness in all of the numerous slaughtering establishments of the town, in view of the possibility of an invasion by cholera during the present year. It does great credit to its authors, setting in their true light all selfish, pecuniary considerations in connection with the great public questions at issue. It urges on broad grounds of public comfort and advantage, to travellers on their highways and to the residents of neighboring towns, as well as to those most directly interested, the duty of making a thorough reform. It is evident these gentlemen are determined to do theirs regardless of personal opposition or influence, and they deserve the public thanks therefor. Their names, as appended to the appeal, are W. D. Bickford, W. R. Champney and C. H. Breck.

It needs but a glance at Dr. Clark's report which follows, to see that here is an Augean stable to be cleansed indeed. Utterly disgusting and sickening as the details which he gives are, they are not exposed one moment too soon, and the citizens of Boston must rejoice albeit with trembling [of the diaphragm] that the nauseating facts are thus made public. Dr. Clark's own statements are of more value than any comments on them, and we therefore give the following extracts. Speaking of the slaughter houses he says:—

"They were variously situated: some upon high ground, and with every opportunity for drainage and cleanliness, and others upon low or level grounds, where these favorable conditions do not exist.

"They all, with an exception to which I shall refer, were in a condition and conducted in a manner which I consider both disagreeable and dangerous, directly and remotely, to their immediate vicinage, and to public and individual health.

"The slaughtering being done under cover, the blood, except what was saved in casks for sale or transportation, was suffered either to flow down through the floors into a sort of open cellar, or into the grounds immediately adjoining. The rest of the 'offal'—a term which includes all the parts not sent to market, viz., the entrails and their contents—was disposed of in the same way. At all the slaughter houses hogs were kept and fed upon this material, reeking hot, or rotten as it might be by exposure to the sun and air, and to the wallowing of the swine in it. In some of these establishments all this filthiness was aggravated by long accumulation and by fermentation in stagnant pools of water.

"In several of the largest of the slaughter houses, which I will hereafter name, the water in the adjacent streams, or brooks of water, was contaminated to a very marked degree with this offensive material, being itself, in one instance, that of the hog-slaughtery, colored with blood for a long distance.

"The offal, in most instances, is permitted to remain on the premises, sometimes being partially deodorized by admixture with loam, and then spread on the grounds near by as manure, and sometimes sold to be carried off in open carts for the use of farmers.

"The stench about all these places so kept is horrible, and although the day of the inspection was a fine dry one, and with a free northwest wind blowing, the odor from some of them could be observed for more than half a mile very strongly.

"The poisoned waters from the rear of the Messrs. Brooks and Jackson's ran off in the direction of and through Nonantum Vale towards the Charles River. That from the hog slaughter house of Messrs. Boynton & Curtis, after reddening quite a pond in the rear of the buildings, ran off in a brook through the lands of Mr. Charles Dana towards Brookline, making its outlet, as I was informed, by or near the tannery.

"The grounds near the points named and westerly of them, being manured with heaps of the material, the whole neighborhood was infected with its odor, and the manure which was being taken from the hog-pen, while we were there, to be carried to Brookline in an open cart, was most offensive. Another water-course, starting from the stagnant water in the rear of the sheep slaughter houses, on River Street, finds its way towards Charles River."

Dr. Clark then goes on to mention by name a number of the principal establishments, giving the processes adopted in each, which are as offensive as it is possible to conceive of. Of those where beef cattle are killed nearly all were in the most filthy condition. In all but one of them, numbers of hogs were kept whose only food was the horrible putrifying offal from the slaughter house! Not a particle of vegetable food are they allowed! And when these unclean scavengers are themselves slaughtered, Boston market is their destination. High time indeed that those of our people who are not detained from eating pork by the dread of trichinæ should know on what Brighton pork is fed. One establishment only of those which he visited Dr. Clark mentions, that of Saunders and Hartwell, in which due regard to cleanliness is observed, and the swine here fed are supplied weekly with corn, while the offal is removed often enough to prevent the generation of any very offensive odor. Although this is a large establishment, he says, "the smell was not more than would be noticed to the leeward of any ordinary pig sty." Dr. Clark declares that to be, with slight improvements easily introduced, "a model slaughter house."

The inspector next describes the slaughter houses for sheep, then those for swine. The most that is said in mitigation of the abominations of all these places, of which we spare our readers the details, is, that one proprietor "is making some improvements towards cleanliness." Dr. Clark also pronounces the bone-boiling establishment near River Street an unhealthy nuisance, and says, in summing up his whole account of all the places of which we have been speaking, that "any description must fall short of the perfectly disgusting reality, which can only be appreciated by a personal inspection."

As the result of his inspection Dr. Clark recommends:—

"1. The immediate and thorough removal, *after deodorization*, of all the foul material accumulated in the vicinity of the slaughter houses; this to be buried in the earth, or so admixed with peat, charcoal, lime, or other substances, as to destroy and neutralize all its odor.

"2. To require, for the future, *all the offal to be taken away* in tightly closed and properly constructed carts, or buried deeply, *before it becomes offensive by decomposition.*

"3. To prohibit the keeping of swine in these localities; or allowing them to be fed on such disgusting food."

He adds, "If anything could add to the objections already so widely felt to the use of pork as food, not only among Mussulmen and Israelites, but more lately from dread of trichinous disease, it would be to pay a visit to the slaughter houses of Brighton.

"In conclusion, I think it right to say that, as such nuisances in all seasons must be prolific and provoking causes of disease, of course in the expected advent of an epidemic which delights in filth and disagreeable odors, and which invariably seeks and generally finds its victims wherever *they* are found, it is peculiarly your duty under these circumstances to remove them at once and forever."

Sickening as these revelations are, this community is under great obligations to Dr. Clark for the frank and fearless way in which he has made them. They are almost enough to convert our whole community to vegetarianism. From the spirit manifested by the Board of Health of Brighton we cannot doubt they will persevere in their labors until the much-needed reform is radically accomplished.

In connection with the above, some statistics with which we have been furnished will be found not uninteresting. We learn that the number of slaughter houses in Brighton is 34; of swine slaughtered annually, 23,781; of beef cattle, 25,088; and of sheep, 170,517. The Brighton people have entertained the opinion that the stench from all these establishments was not unhealthy. For this reason prosecutions for maintaining a nuisance have been infrequent, and butchers have not taken the pains that they might to keep their premises clean. We hope the minds of the Brightonians have been fully convinced by Dr. Clark's report; their sense of smell has probably long since lost all reliability as a guide in such matters.

Graduates from Harvard Medical School who have served in the War.—Of the nine hundred and thirty-nine sons of Harvard who served in the recent war, two hundred and forty-three were graduates and pupils of the Harvard Medical School. It is proposed to publish an historical work which shall contain a full record of all whose names are on this honorable roll. It is particularly desirable to learn with reference to each person the following facts: "The date of entering the service; commissions, promotions or honors which he has received; a brief current account of his entire term of service; his battles, wounds, sickness; official mention, any incidents, remarkable exploits, or fortunate escapes; manner and date of leaving the service; place, time and manner of death, if deceased. Copies of memoirs, discourses, resolutions, &c., will also aid in the prosecution and perfection of the work. Any information of this kind may be transmitted to Dr. Francis H. Brown, No. 97 Waltham Street, through whose indefatigable industry the full roll of the graduates who had served in the recent war was prepared for the new Triennial Catalogue of Harvard University.

FROM a recent discussion on cholera, in the New York Academy of Medicine, reported in the *Medical Record*, we take the following extracts:—

"Dr. Sayre said that it was necessary that definite views, as emanating from responsible bodies, should be extensively circulated. He could not but condemn the action of the Board of Consulting Physicians in Boston, Mass., to whom he had sent facts incontrovertible, with the result of finding them ignored, and such phrases as these adopted in the room of logical conclusions: the Board regrets the 'change of views' on the part of Dr. Read, 'the cholera cannot be barred out,' it 'comes through the atmosphere,' and was a 'something upon the people.' Such high authority should be met, otherwise vague deductions would take the place of positive knowledge.

"Dr. Herzog pronounced quarantine to be the true safety-valve. Periods of variable length had been adopted by different authorities, extending from ten to twenty-two days; the International Quarantine Convention, for instance, had fixed upon fifteen days as the limit. . . . . . Dr. Herzog, in further elucidation of his views regarding the incubation of the disease, gave the history of the origin of the epidemic upon Ward's Island. [This is an epidemic which has been claimed by the non-contagionists as an instance of the spontaneous generation of Asiatic cholera.—EDS.] He said that it had been brought from the 'Atalanta' by a nurse who had been ten days aboard of the vessel, and had been admitted into the State Emigrant Hospital for a sore foot, where he remained five days. The cholera manifested itself six days after this patient's departure. . . . . .

"Dr. Harris suspected that the cases which had recently occurred in the city were traceable to infected clothing from the cholera ships; a quantity small, to be sure, but sufficient for mischief, may readily have been introduced into the city after escaping the vigilance of officials. Such clothing would most likely be found in Pitt, Willett, and like streets of that section of the city. He would cite, as a probable corroboration, the case of the patient in Thirty-fifth Street, who was seized with the disease after a visit to that quarter."

Cholera in New York and other seaboard Cities.—This disease still exists to a very limited extent in New York, Brooklyn and Philadelphia. On July 30th the report was 14 new cases and 4 deaths in New York; 31st, 19 cases and 7 deaths; 3 deaths on Blackwell's Island on the 30th; 14 cases and 8 deaths in Brooklyn on the 30th, 14 cases on the 31st; 6 cases and 2 deaths in King's County Penitentiary on the 30th. On the 29th and 30th 17 cases and 5 deaths were reported in Philadelphia. There can be no reasonable doubt that all these cases were originally due to the imported disease at quarantine. Whole number of deaths on Tybee Island, where it was conveyed by the troops from New York harbor, to the 29th ult., 95; the disease was subsiding. The cholera is rapidly disappearing among the troops on Governor's Island in New York harbor. There are not more than a dozen cases on the island.

American Dental Association.—This Association is holding its sixth annual meeting in the Representatives Hall at the State House. The following officers were chosen at the first meeting, July 31st:—*President,* Dr. C. P. Fitch, of New York; *First Vice President,* Dr. W. H. Morgan, of Nashville, Tenn.; *Second Vice President,* Dr. L. D. Shepard, of Salem, Mass.; *Corresponding Secretary,* Dr. A. Hill, of Norwalk, Conn.; *Recording Secretary,* Dr. J. Taft, of Cincinnati, Ohio; and *Treasurer,* Dr. W. W. Sheffield, New London, Conn.

Judge Brady has sustained the Board of Health of New York in their attempt to suppress nuisances, thus giving their orders the authority of law.

Subcutaneous Injections in Cholera.—Dr. Isaac Ashe, of Birkenhead, reports, in the *Medical Times and Gazette,* two cases of the successful treatment of cholera by subcutaneous injection of morphia. In one the disease had existed three hours, the other eight hours; both were in a state of collapse. Relief of all the symptoms followed in fifteen minutes after the injection of fifteen minims of liquor morphiæ acetatis. In the second case, the injection was repeated some hours after the first, as the vomiting and purging had not entirely ceased. Both the patients were up and about the next day, and the one who had been the most severely attacked was able to start on a journey.

The Rinderpest in England.—According to the official report, during the year since the outbreak of this disease, 248,965 cases have been officially reported; 80,597 of these have been slaughtered, 124,187 have died; it was considered necessary, also, to kill 51,343 healthy cattle which had been exposed to the disease. There were 32,989 recoveries. Among the sheep, 4,463 were affected and 4,002 died or were killed.

Gastrotomy successfully performed in a case of Ruptured Uterus.—Dr. E. Miles Willett reports, in the *Medical and Surgical Monthly,* of Memphis, a case of gastrotomy successfully performed after rupture of the uterus. The operation was delayed until two hours and a half after the accident took place, owing to the opposition of the friends of the patient. At the end of a fortnight the wound in the parietes had entirely united and the patient was doing well. She soon recovered her health under tonic treatment.

Menstruation and Abortion at seventy-two Years of Age.—The *Lancet* quotes from the *Bulletin de la Société de Médecine d'Angers,* the case of a woman seventy-two years of age, who aborted at the end of the second month of pregnancy. Her menstruation began at sixteen, she was married at twenty-eight, had six children, the last when she was forty-eight years old. From this time the catamenia disappeared until March, 1863, twenty-four years from the previous recurrence. They continued three days, and returned the following four months. In August they appeared for one day. Nausea soon followed, and in October a fœtus of two months came away. The patient did well, but died three months after from extensive bronchitis.

Death of Mr. Toynbee.—Recent London papers announce the accidental death of this distinguished aurist by the inhalation of an overdose of a mixture of chloroform and hydrocyanic acid, with which he had been experimenting upon himself.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JULY 28th, 1866.

DEATHS.

	Males.	*Females.*	*Total*
Deaths during the week - - - - - - - -	61	47	108
Ave. mortality of corresponding weeks for ten years, 1855—1865	47.2	43.2	90.4
Average corrected to increased population - -	00	00	99.47
Death of persons above 90 - - - - - - - - -	0	0	0

COMMUNICATIONS RECEIVED.—An Essay on Hydrocyanic Acid, with Experiments. By Robert Amory, M.D.—An Improvement in the form of Probes for the Lachrymal Passages. By Henry W. Williams, M.D.—Ruptured Perinæum treated by a new method. By Samuel Cabot, M.D.—Collodion. By John P. Maynard, M.D.—Proceedings of the Maine Medical Association.

BOOKS AND PAMPHLETS RECEIVED.—DaCosta on Medical Diagnosis. Second Edition.—Cholera: its Nature, Cause and Treatment, simply, scientifically and practically explained. Pamphlet. By C. Searle, M.D., M.R.C.S.E., &c. &c. London.—The Application of Sutures to Bone in recent Gun-shot Fractures. By Benjamin Howard, M.D. Pamphlet. London.

JOURNALS RECEIVED.—Medical Record, Nos. 10 and 11.—Medical Reporter, Nos. 9 and 10.—Medical and Surgical Reporter, Vol xv., Nos. 1, 2, 3.—New York Medical Journal for July.—Richmond Medical Journal for July.—Atlanta Medical Journal for July.—Dental Cosmos for July.—Journal of Materia Medica, Pharmacy and Chemistry for July and August.—Chicago Medical Journal for July.—Chicago Medical Examiner for July.—L'Union Médicale, Nos. 69-86.—American Eclectic Medical Review for July.—Buffalo Medical and Surgical Journal for July.—Journal de Médecine de Bordeaux for June.—Cincinnati Journal of Medicine for July.—New Orleans Medical and Surgical Journal for July.—American Journal of Medical Sciences for July.—Medical News and Library for July.—Cincinnati Lancet and Observer for July.—Dental Register for July and August.

MARRIED,—At Northampton, July 25th, Dr. A. W. Thompson, of Northampton, to Mrs. Orleana Boker, of Newport, R. I.

DIED,—At Hart's Island, New York Harbor, of Asiatic cholera, James Theodore Calhoun, Assistant Surgeon, U.S.A., and Medical Director of the Post.—In New York City, July 18th, Dr. William R. Donaghe, aged 36.—In Philadelphia, July 5th, after a brief illness, Dr. Paul Beck Goddard—a physician of much ability, and well known for his devotion to sick and wounded soldiers during the late war.

DEATHS IN BOSTON for the week ending Saturday noon, July 28th, 108. Males, 61—Females, 47. Abscess, 1—accident, 2—apoplexy, 2—disease of the bowels, 3—congestion of the brain, 1—disease of the brain, 3—inflammation of the brain, 1—bronchitis, 1—cancer, 1—cholera infantum, 33—cholera morbus, 1—consumption, 12—convulsions, 3—debility, 3—diarrhœa, 6—dropsy, 1—dropsy of the brain, 4—drowned, 1—dysentery, 4—erysipelas, 1—scarlet fever, 1—typhoid fever, 3—typhus fever, 3—disease of the heart, 3—infantile disease, 3—inflammation of the lungs, 3—marasmus, 3—old age, 2—peritonitis, 1—premature birth, 1—unknown, 9.

Under 5 years of age, 63—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 11—above 60 years, 12. Born in the United States, 87—Ireland, 16—other places, 5.